



MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION
P.O. BOX 295, JEFFERSON CITY, MO 65105-0295
(573) 522-3732

BUSINESS ACTIVITY QUESTIONNAIRE

FORM
4458
(REV. 08-2010)

NAME OF BUSINESS		ADDRESS			CITY, STATE, ZIP	
OWNERSHIP TYPE	DATE OF INCORPORATION ____/____/____	STATE OF INCORPORATION	STATE OF COMMERCIAL DOMICILE	DATE ACTIVITY BEGAN IN MISSOURI ____/____/____		
PRINCIPAL BUSINESS ACTIVITY:			MISSOURI TAX I.D. NUMBER _____	FEDERAL I.D. NUMBER _____		
NATURE OF BUSINESS ACTIVITY IN MISSOURI:			CHARTER NUMBER _____	BUSINESS TELEPHONE NUMBER (____) _____ - _____		
OTHER STATES THAT THE COMPANY CONDUCTS BUSINESS IN:						

For the purpose of this questionnaire, representatives shall include employees, agents, independent contractors, brokers or others that reside in, or regularly and systematically enter into, this state on your behalf.

- How are deliveries made? By common carrier ☐ By your vehicles ☐
If so, are such vehicles owned or leased? _____
- Have returns been filed with this office for any prior years by the above-named firm or any subsidiary or affiliates? Yes ☐ No ☐
If so, Missouri Identification Number _____
- Do you currently have or at any time had: an office ☐, agency ☐, warehouse ☐ or other place of business in Missouri?
Yes ☐ No ☐ If yes, please provide the following information for each establishment (use additional sheets if necessary):
 - Location: _____
 - Approximate beginning date of operation: _____
 - Nature of business activity: _____
 - Telephone number listed in a directory in this state: _____
- Does your company or affiliated company currently hold title or in the past, held title, to any tangible property located in Missouri?
(Such as merchandise inventories, motor vehicles, office or industrial equipment, etc.) Yes ☐ No ☐
If yes, briefly describe property, and state for what years it was held in Missouri: _____

In what name was it licensed or listed for tax purposes? _____

5. Amount of real or tangible personal property in Missouri for the last four years:

	20 ____	20 ____	20 ____	20 ____
Inventory	\$	\$	\$	\$
Other owned property	\$	\$	\$	\$
Rental property (annual rent)	\$	\$	\$	\$
Total	\$	\$	\$	\$

- Address where principal amount of inventory in Missouri is located: _____

- Address and description of principal amount of other property in Missouri: _____

- Address and telephone number of all offices, displays or sample rooms you maintain in Missouri: _____

- | | | |
|---|--------------------------|--------------------------|
| 9. Does your company, or any affiliated company, maintain a bank account in this state? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does your company currently have or has it ever had a security interest in any real or personal property sold or located in this state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does your company currently have or has it ever had advertising material in this state? <i>(attach a copy)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is your company listed in any telephone or building directory in this state? <i>(attach a copy)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does your company currently engage or has it engaged in any advertising (cooperative or otherwise) in this state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have any contracts been executed by your company in this state? <i>(attach a copy)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, give detailed location, dates and value of contract(s): _____

15. Have you had employees, associates, or representatives performing services in this state? ☐ YES ☐ NO

As to any such representatives who are engaged in some form of sales, promotional, or technical service work on your behalf, please provide the following information:

a) Identification of representatives:

Name and Address	Territory Covered	Designation of Representative	Year or Years

- | | | |
|--|--------------------------|--------------------------|
| b) Do you have a standard form of written agreement with the representatives? <i>(attach a copy)</i> | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Does the representative sell or represent other lines of merchandise other than yours? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) How is remuneration made (commission only, salary and commission, expense allowance, etc.)? _____ | | |

16. Do any of the employees, associates, or representatives:

- | | | |
|--|--------------------------|--------------------------|
| Call upon customers in this state to collect on delinquent accounts? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Call upon customers in this state to accept installments? | <input type="checkbox"/> | <input type="checkbox"/> |
| Make adjustments for returned or damaged merchandise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Investigate or authorize credit of existing or potential customers in this state? | <input type="checkbox"/> | <input type="checkbox"/> |
| Investigate customer's complaints in this state? | <input type="checkbox"/> | <input type="checkbox"/> |
| Authorize warranty work or replacement of merchandise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Receive purchase orders when calling upon a customer in this state? | <input type="checkbox"/> | <input type="checkbox"/> |
| (If yes, do they have authority to approve or reject the order?) | <input type="checkbox"/> | <input type="checkbox"/> |
| Pick up returned, damaged and/or out-of-date merchandise from customer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Make "on the spot" sales to customers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Distribute or carry any type of samples, brochures, etc.? If yes, who owns samples, brochures, etc.? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Inspect the marketing of your products or any use of your trademarks or tradenames? ☐ YES ☐ NO

Accept deposits or down payments? ☐ YES ☐ NO

Accept installments and/or collections on delinquent accounts? ☐ YES ☐ NO

17. Do your employees, associates, or representatives maintain an office of any kind, either in their home or elsewhere within this state? ☐ YES ☐ NO

If yes, do they:

- | | | |
|---|--------------------------|--------------------------|
| a) Store inventory there? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Store samples there? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Maintain a telephone listing under the company's name? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Receive any office expense reimbursement from the company? | <input type="checkbox"/> | <input type="checkbox"/> |

18. Do your employees, associates, or representatives assist dealers or other customers in any of the following ways: ☐ YES ☐ NO

- | | | |
|--|--------------------------|--------------------------|
| Training their employees in the sale, service, or use of your product? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Organize dealer sales promotions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Call on dealer's customers accompanied by dealer's salesmen? | <input type="checkbox"/> | <input type="checkbox"/> |
| Set up merchandise or advertising displays? | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | | |

19. What type of customers or prospects do the employees, associates, or representatives call on (i.e., wholesalers, retailers, industries, home, etc.)? _____

20. Do your employees, associates, or representatives periodically or occasionally service or repair equipment, or property of your customers in this state? YES NO
☐ ☐
21. Do your employees, associates, or representatives perform any installation or construction work within this state? YES NO
☐ ☐
22. Do your employees, associates, or representatives supervise or inspect the installation of products sold to your customers in this state? YES NO
☐ ☐
23. Amount of **salaries, commissions, or wages paid** for services performed by employees, associates, or representatives in the last four years:

Year Ending	Total Everywhere	Total Missouri
20 ____	\$ _____	\$ _____
20 ____	\$ _____	\$ _____
20 ____	\$ _____	\$ _____
20 ____	\$ _____	\$ _____

24. Names, addresses and social security numbers of **five highest paid Missouri representatives**:

Name	Address	Social Security Number (required)
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____
e) _____	_____	_____

25. Amount of gross receipts from the sale of tangible, intangible and the sale of services during the last four years:

Year Ended	From points in MO to points in MO	From points in MO to points outside MO	From points outside MO to points in MO
20 ____	\$ _____	\$ _____	\$ _____
20 ____	\$ _____	\$ _____	\$ _____
20 ____	\$ _____	\$ _____	\$ _____
20 ____	\$ _____	\$ _____	\$ _____

26. How are sales made in this state? ☐ Internet ☐ Salesperson ☐ Phone ☐ Other _____

27. List names and addresses of your **five largest customers in Missouri**:

Name	Address
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
e) _____	_____

28. Enclose a signed copy of the front page of your federal income tax return (consolidated return if applicable) for the last four years as reported to the Internal Revenue Service.

Under penalties of perjury, I declare the information furnished in this questionnaire is true, correct and complete to the best of my knowledge and belief. If prepared by a person other than an officer of the corporation, your declaration is based on all information of which you have knowledge.

SIGNATURE OF PREPARER	PRINTED NAME	TITLE	DATE ____/____/____
SIGNATURE OF OFFICER	PRINTED NAME	TITLE	DATE ____/____/____

Please return this questionnaire to: **Missouri Department of Revenue, Taxation Division, P.O. Box 295, Jefferson City, MO 65105-0295**

Additional space for explanations (continued on page 4). Please refer to questions by number.

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